



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E361181**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02420
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	09	30	2014	0558	31			N	E	IN	0664
								S	W	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	400
	MILE POST <input type="checkbox"/>	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
		S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253889145 N: 4253509041
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LAST NAME	NOYD	FIRST NAME	JOHN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	16823 118TH NE
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CITY	ARLINGTON	ST	WA	ZIP	982230000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	NOYD*JE375PG	STATE	WA	SEX	M	D.O.B.	10	07	1963
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AMV7822	STATE	WA	VIN#	KL1TJ62694B191188
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	CHEV	MODEL	AVE05D	STYLE	5D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	JOHN NOYD 16823 118TH ST NE ARLINGTON WA 98223
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	KEMPER 4171734
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VEHICLE LEGALLY EQUIPPED <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253463299 N: 4254424606
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LAST NAME	MCEACHERN	FIRST NAME	CHRISTINA	MIDDLE INITIAL	L
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STREET NEW ADDRESS	21402 118TH PL NE
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CITY	GRANITE FALLS	ST	WA	ZIP	982529555
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	MCEACCL231N7	STATE	WA	SEX	F	D.O.B.	08	27	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	APT7979	STATE	WA	VIN#	1FMDU74W03ZA06972
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	FORD	MODEL	EXPLR	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	JONATHAN MC EACHERN 21402 118TH PL NE GRANITE FALLS WA 98252
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 66300336-7
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VEHICLE LEGALLY EQUIPPED <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E361181**

CASE # **14-02420**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

UNIT #2 was about the 400 block southbound on SR 9 approaching Market PI when other vehicles began to quickly move into her lane ahead of her. This caused UNIT #2 to quickly come to a stop.

UNIT #1 was also traveling southbound on SR 9 directly behind UNIT #2. When UNIT #2 came to the quick stop, UNIT #1 was unable to stop quick enough and struck UNIT #2 from behind.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-30-14 02:40 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

10/1/2014 2:12:58 PM

BADGE OR ID # **105**

ORI #

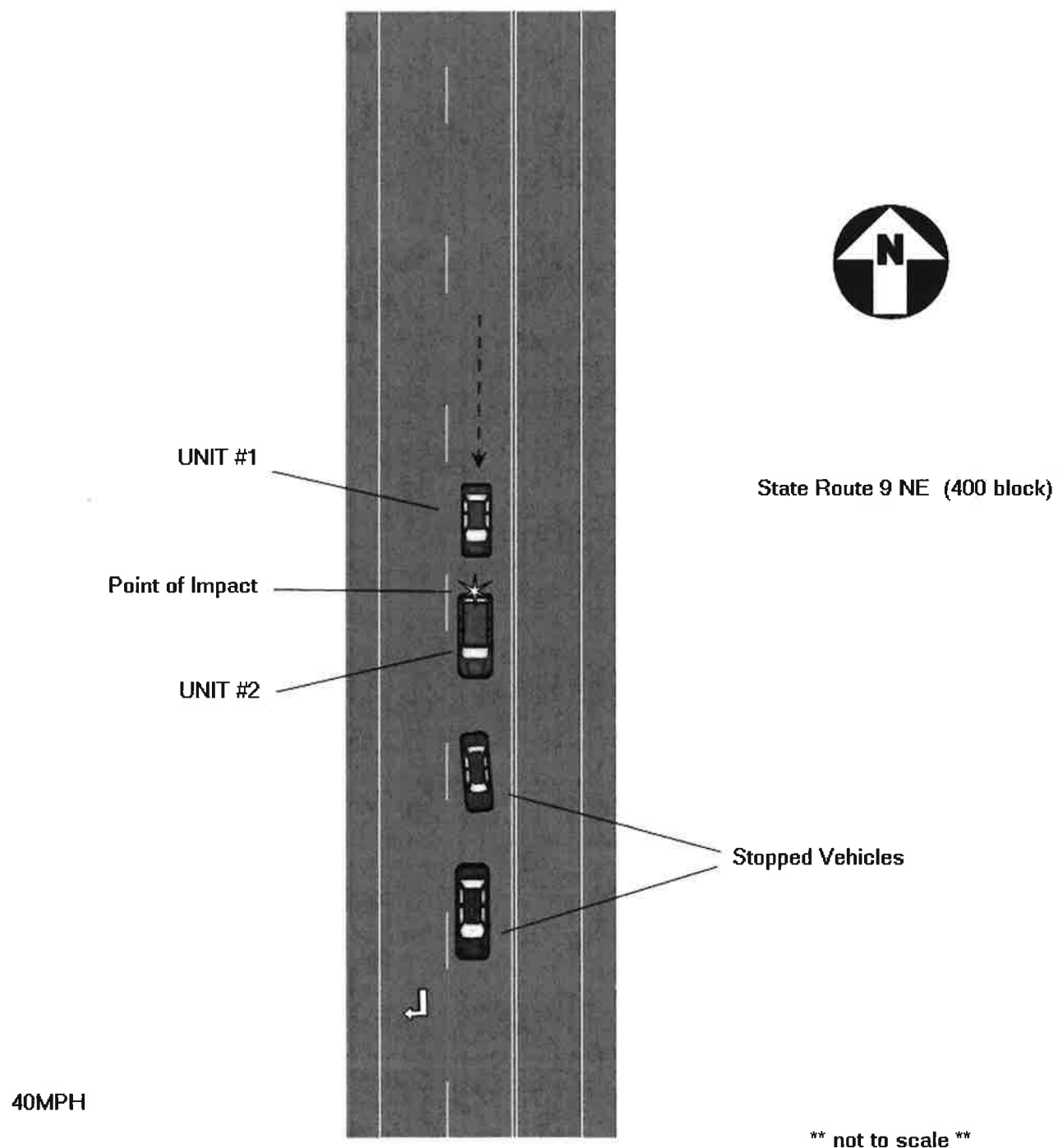
WA0311900

TIME POLICE DISPATCHED

5:59 AM

TIME POLICE ARRIVED

6:08 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02470

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) McEachern, Christina Lynn	RACE [X] White	ETH	SEX F	DOB 8/27/1977	AGE 37	HGT 5'8"	WGT 157	HAIR Red/Brown	EYES Hazel
STREET ADDRESS 21462-118th PL NE / PO. Box 1612		CITY Granite Falls		STATE WA		ZIP 98252		RES. STATUS		
HOME PHONE 425-346-3299		CELL PHONE 425-442-4606		PLACE OF EMPLOYMENT InfraSource						
WORK PHONE 425-407-3074		EMAIL ADDRESS CMceachern								

Christina McEachern, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading South on hwy 9, ^{just outside of Lake Stevens} heading to wards Bickford Ave to go to work. I was in the left lane since the right lane was turning into a turn lane only. Suddenly the cars in front of me stopped, because of the people getting into the left lane from the right lane. I stopped w/out hitting the car in front of me. I took a breath and ~~and~~ before I knew it, I was hit from behind by a 2004 Chevy Avero.

When the cars in front of me cleared, I turned on my blinker to get to the shoulder on the right side of the road. The Avero followed me and I got out and noticed that the front end of his car was completely smashed in. Meanwhile my bumper has cracks and chipped paint. I haven't looked at it closely to see if there is any other damage.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Christina McEachern	DATE SIGNED: 9/30/2014	LOCATION SIGNED: Lake Stevens
OFFICER/NUMBER: 105	DATE SIGNED: 9/30/14	LOCATION SIGNED: LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02420

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Noyde John	RACE	ETH	SEX	DOB	AGE 50	HGT 6'	WGT 260	HAIR Br	EYES Blue
STREET ADDRESS 116823 118 th ST NE		CITY Arlington		STATE WA		ZIP 98223		RES. STATUS		
HOME PHONE 360 386 9145		CELL PHONE 425 350-9041		PLACE OF EMPLOYMENT United Recycling						
WORK PHONE 425-668-4300		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was going South Bound on Hw 9 Just past
Frontier Village Intersection 2 cars cut in
ahead of us 4 or 5 cars ahead Explorer Hit
her breaks I hit my Breaks & slid into
The Explorer

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: John E Noyde	DATE SIGNED 9-30-14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER 02	DATE SIGNED 9/30/14	LOCATION SIGNED LAKE STEVENS WA

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417134

Incident History for: #SS14019125

Case Numbers: \$SS14002420

Entered 09/30/14 05:59:35 BY SPCT09 SP0152
Dispatched 09/30/14 05:59:58 BY SPDP17 SP0367
Enroute 09/30/14 05:59:58
Onscene 09/30/14 06:12:56
Closed 09/30/14 06:44:24

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: WEST

Src: T

Loc: 400 SR 9 SE , LKS -- MP 15 SR 9 btwn 4 ST SE & 20 ST SE (V)

Loc Info:

Name: MCEACHERN, CHRISTINA

Addr:

Phone: 4253463299

/0559 (SP0152) ENTRY , CC, 2 VEH, REAR END, NON INJ, NON BLKING, RP IN
BLK FORD EXPLORER/BLU GEO
/0559 (SP0367) AGCADV , BCST
/0559 DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)
/0612 (SS105) *ONSCNE 19D1
/0614 (SP0367) CHANGE LOC: 519 SR 9 NE , LKS --> 400 SR 9 SE , LKS,
BLK: SS002 --> SS003
/0615 ASSTOS 19D2 [400 SR 9 SE , LKS]
#SS127 ADAMS, OFFICER (NATHAN)
/0618 NEWLOC 19D1 [ALBERTSONS PKLOT]
/0618 NEWLOC 19D2 [ALBERTSONS PKLOT]
/0619 ASNCAS 19D1 \$SS14002420
/0634 (SS127) CLEAR 19D2
/0644 (SP0367) CLEAR 19D1 D/H
/0644 CLOSE 19D1

LSPD
ORIGINAL